

APPENDIX F

Customer Satisfaction Survey

Customer Satisfaction Survey

Family Law Information Centers

- The information in this form is confidential
- You may skip questions if you want to.
- Please use the No 2 pencil provided. Fill in the entire bubble or box, and erase any errors completely.

1. How much do you agree or disagree with the following statements made about the services you received at the Family Law Information Center?

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I did not have to wait a long time to be served.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The staff was courteous and respectful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The assistance provided was helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I was given useful help in completing my forms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel like I understand my case or issue better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I feel like I can present my case better to the judge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I feel like I understand how the court works better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I would come back to the Family Law Information Center in the future for assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Check All That Apply On Every Question)

2. What was the most helpful service you received at the Family Law Information Center?

- | | |
|---------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Staff To Answer Procedural Questions | <input type="checkbox"/> Forms Packets With Written Instructions |
| <input type="checkbox"/> Staff To Assist Filling out Forms | <input type="checkbox"/> Referral to Get Help Elsewhere |
| <input type="checkbox"/> Computers to use | <input type="checkbox"/> Other Information Brochures |

Comments: _____

3. How could the Family Law Information Center improve its services to you?

- | | |
|---------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> More staff to help | <input type="checkbox"/> Simplified Forms with Instructions |
| <input type="checkbox"/> Help in More Languages | <input type="checkbox"/> Referrals to Attorneys |
| <input type="checkbox"/> More Website Information | <input type="checkbox"/> More Information about other Community Services |
| <input type="checkbox"/> Provide Services Closer to Your Home | |

Comments: _____

4. Have you considered hiring an attorney?

☐ Yes

☐ No

If not – why not?

- | | | |
|------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Unable to Afford | <input type="checkbox"/> Choose to Represent Self | <input type="checkbox"/> Already Have An Attorney |
| <input type="checkbox"/> Don't know how to find/hire an attorney | <input type="checkbox"/> Other: _____ | |

5. Did you try to find help before coming to the Family Law Information Center?

☐ Yes ☐ No

If "yes," where did you try to find help previously?

- | | | |
|---------------------------------------------------|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Private Lawyer | <input type="checkbox"/> Websites |
| <input type="checkbox"/> Family Law Facilitator | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Paralegal |
| <input type="checkbox"/> Lawyer Referral | <input type="checkbox"/> Library | <input type="checkbox"/> Self-Help Books |
| <input type="checkbox"/> Another Self-Help Center | <input type="checkbox"/> Other: _____ | |

6. How did you find out about the Family Law Information Center?

- | | | |
|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Legal Aid | <input type="checkbox"/> Private Attorney | <input type="checkbox"/> Family Law Facilitator |
| <input type="checkbox"/> Other Court Personnel | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Paralegal |
| <input type="checkbox"/> Other Service Agency | <input type="checkbox"/> Library | <input type="checkbox"/> Another Self-help Center |
| <input type="checkbox"/> Used the Center Before | <input type="checkbox"/> Websites | <input type="checkbox"/> Other _____ |

7. Do you use Computers?

☐ Yes ☐ No

If "yes," check the phrases that apply to your computer experience:

- ☐ I know how to use Microsoft Windows ☐ I have used legal software like TurboTax

8. Where do you use computers?

- | | | |
|-------------------------------------|------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Home | <input type="checkbox"/> Library | <input type="checkbox"/> Friend's house |
| <input type="checkbox"/> Courthouse | <input type="checkbox"/> Legal Services office | <input type="checkbox"/> School |
| <input type="checkbox"/> Work | <input type="checkbox"/> Community center | <input type="checkbox"/> Other _____ |

9. Do you use the Internet?

☐ Yes ☐ No

If yes: Do you look for information on the Internet?

☐ Yes ☐ No

During a typical week, how many times do you use the internet? _____

Demographic Information:

Age Group?

- ☐ Under 18
☐ 18 to 29
☐ 30 to 39
☐ 40 to 49
☐ 50 to 59
☐ Over 60

Highest Level of Education Completed?

- ☐ None
☐ Grade School (grades 1 – 4)
☐ Middle School (grades 5 – 8)
☐ Graduated High School or GED
☐ Some College
☐ College Graduate or more

What is your race or ethnic group?

- ☐ Asian/Pacific Islander
☐ Black/African American
☐ Hispanic
☐ Native American/Eskimo/Aleut
☐ White (non-Hispanic)
☐ Other _____

Customer Gender: ☐ Female ☐ Male
☐ Petitioner/Moving Party ☐ Responding Party

Residence (City): _____ (FOR STAFF USE ONLY)

☐ Divorce ☐ Paternity ☐ DVPA CASE TYPES:

☐ TitleIVD ☐ Other: _____

☐ Child Custody ☐ Child Visitation ☐ Child Support ISSUES:

☐ Spousal Support ☐ Other: _____

TYPE OF SERVICE:

- | | | |
|------------------------------------------|-------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Drop-In | <input type="checkbox"/> One-on-One | <input type="checkbox"/> By Appointment |
| <input type="checkbox"/> Workshop/Clinic | <input type="checkbox"/> Telephone | <input type="checkbox"/> Customer used Computer |

☐ Provided Procedural Information:

- ☐ Service of Process Information
☐ Enforcement Information
☐ Provided Informational Materials

☐ Provided Court Forms:

- ☐ Provided forms with packets of instructions
☐ Helped complete the forms
☐ Prepared Order After Hearing/Judgment

☐ Made Referrals:

- ☐ Attorney/Legal Service ☐ Other Community Service